WATER WELL REPORT

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Application No.
inpparenties,

econd Copy — Owner's Copy hird Copy — Driller's Copy	STATE OF WASHINGTON	Permit No	
1) OWNER: Name INV HEIT	Address VANDER WE	RD , OAK HARROW	a)N
2) LOCATION OF WELL: County	ISLAND SW.	SE 14 Sec 6 133 N. R	25 W.M.
earing and distance from section or subdivision c			
	44A) TERRET T O O		
3) PROPOSED USE: Domestic Indu	Well Other Formation: Describe by color	r, character, size of material and str nd the kind and nature of the mate least one entry for each change of	nicture, and rial in each f formation.
1) TYPE OF WORK: Owner's number of the one)	f well	tedst the entry for Eden Change of	
New well Method:		AVEL O	92
Deepened [Cable IP Driven D	92	- 100
Reconditioned [Rotary Jetted DAV SAA	0 100	105
DIMENSIONS: Diameter of we	ell piches. SAND-	CRAVEL MIK 105	/32
Drilled 238 ft. Depth of complete	ed well 238 rt Mostly	SAND 132	164
	SAND-GRI	quel mix 164	187
O CONSTRUCTION DETAILS:	HARD Comp		2/6
Casing installed: 4 "Diam. from	O n. to 233 n. WATER IN	GRAVEL 216	238
	11. to		3
Welded Diam. from	It. W		
Perforations: Yes 🗆 No 🗗			
Type of perforator used			+
SIZE of perforations ir	tt to tt.		<u>-</u>
perforations from	ft. to		
perforations from	ft. to ft.		
Screens: Yes No	<i>μ</i>		
- (JECDED)	Model No STALAHETS		
Diem Slot size from	233 ft. to 258 ft.		
Diam. Slot size from	n. to rt.		
Gravel packed: Yes [] No (1) Size	of gravel:		
Gravel placed from f	ft. to ft.		
			<u> </u>
Surface seal: Yes No To wha	NITE		
Did any strate contain unusable wat	ter? Yes 🗌 No 🗗		<u></u>
Type of water? Depth	h of strata		
Method of sealing strata off			- +
(7) PUMP: Manufacturer's Name	SEARS		
Type: SUB	нР.		
	levation 2.50 st.		
•	well Date		
Static level	inch Date		
Artesian water is controlled by	(Cap, valve, etc.)		
			<u>-</u>
(3) WELL IEDID. Igwered below at		, 19CompletedAN	, 19.0
Was a pump test made? Yes No 🗆 If yes, b	well Driller's	STATEMENT:	
Yield: gai./imit. with	VIOWIT AIRCI	d under my jurisdiction and the	his report
<u></u>	" true to the best of my	knowledge and belief.	-
Recovery data (time taken as zero when pump		Davis	٠.
measured from well top to water level)	NAME NAME	BEY DRILLE	KJ
Time Water Level Time Water Level	Time Water Level (Person,	nrm, or corporation) (Type o	' bille)
	Address CAN A	PARSOK WN,	
		1 /	
	[Signed]	une title -	.
Date of testgal /min. withtt. dra	awdown afterhrs.	(Well Driller)	
Arterion flow g.p.m. Date	1)-4	Date JAV	19. đ
Temperature of water Was a chemical an	alysis made? Yes 🗌 No 🖂 License No		•

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.